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09/545,015		725	2424	0813808.12201

APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
 06/29/2000

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Met after Allowance SB Initials	NY	10	12

ADDRESS

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TITLE

System and method for personalized message creation and delivery

FILING FEE RECEIVED 410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit